

True Decisions Inc.

An Independent Review Organization

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Date of Notice: 01/12/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right total knee arthroplasty

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a male who was seen on 07/18/14. At that time, he was post-op follow up of a right knee arthroscopy dated 01/29/14. At that time, he had a partial medial meniscectomy and stated he was doing about the same and he returned to work and was taking pain medications. On 09/22/14, this patient was seen back in clinic for right knee degenerative joint disease, and an arthrogram was performed. On 09/29/14, the patient returned to clinic, and an arthrogram was performed and the patient was injected with Hyalgan. On 10/06/14, this patient was taken to x-ray and had an arthrogram with an injection of Hyalgan. On 12/01/14, this patient was seen in clinic, and noted he was doing about the same. Right knee exam revealed medial and lateral joint line tenderness and tenderness about the patella facets. He had a genu varus deformity and moderate effusion. Range of motion was 5-118 degrees. The knee joint itself was stable and McMurray's sign was positive. X-rays performed on 01/13/14 were reviewed which included 30 degree flexion x-rays. Those films revealed complete loss of the medial joint space bilaterally without significant osteophyte formation in the right medial compartment or lateral compartment. The right knee had moderate degenerative changes at the patella femoral joint with osteophyte formation. Assessment was severe arthritis of the right knee patella femoral compartment and medial compartment thought to be post-traumatic in nature and/or degenerative in nature.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 11/12/14, a physician advisor report noted that the request had been made for a right total knee arthroplasty. Documents dated 09/03/14 - 11/12/14 had been submitted. It was noted that the operative report and/or an x-ray documenting osteoarthritis of the knee had not been provided. Therefore, the request was non-certified. On 11/25/14, a physician advisor report reviewed records from 03/11/14 - 12/02/14. It was noted that the patient had chronic knee pain despite a previous right knee surgery and had failed Hyalgan injections as well as steroid injections and physical therapy, work conditioning, and activity modifications. There was no mention of nighttime joint pain and/or current functional limitations. It was noted the patient had good range of motion and standing x-rays showing osteoarthritis had not been presented. The findings of the previous arthroscopy had also not been presented. The request was not supported by guidelines and/or the clinical evidence. A peer to peer was performed, and

it was noted that the arthroscopic report of the right knee dated 01/28/14 was submitted showing that the medial compartment was relatively maintained and the articular cartilage in the lateral compartment was normal. There were grade 4 degenerative changes in the trochlea. There were x-rays described at the right knee joint with minimally narrowed joint spaces and minimal osteophytes. There was a lack of evidence to support the procedure at that time.

The records submitted for this review indicate that the patient returned to clinic on 12/01/14, and x-rays performed on 01/13/14 were reviewed showing medial joint space changes as well as patella femoral changes. However, that x-ray report was not provided for this review. It is not noted whether that x-ray was from the orthopaedic office or if it came from an outside facility. Therefore, there is continued lack of documentation objectively of significant osteoarthritis of the knee to warrant this procedure. It is the opinion of this reviewer that the request for a right total knee arthroplasty is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back
- ☐ Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)